Simmons, G.L.

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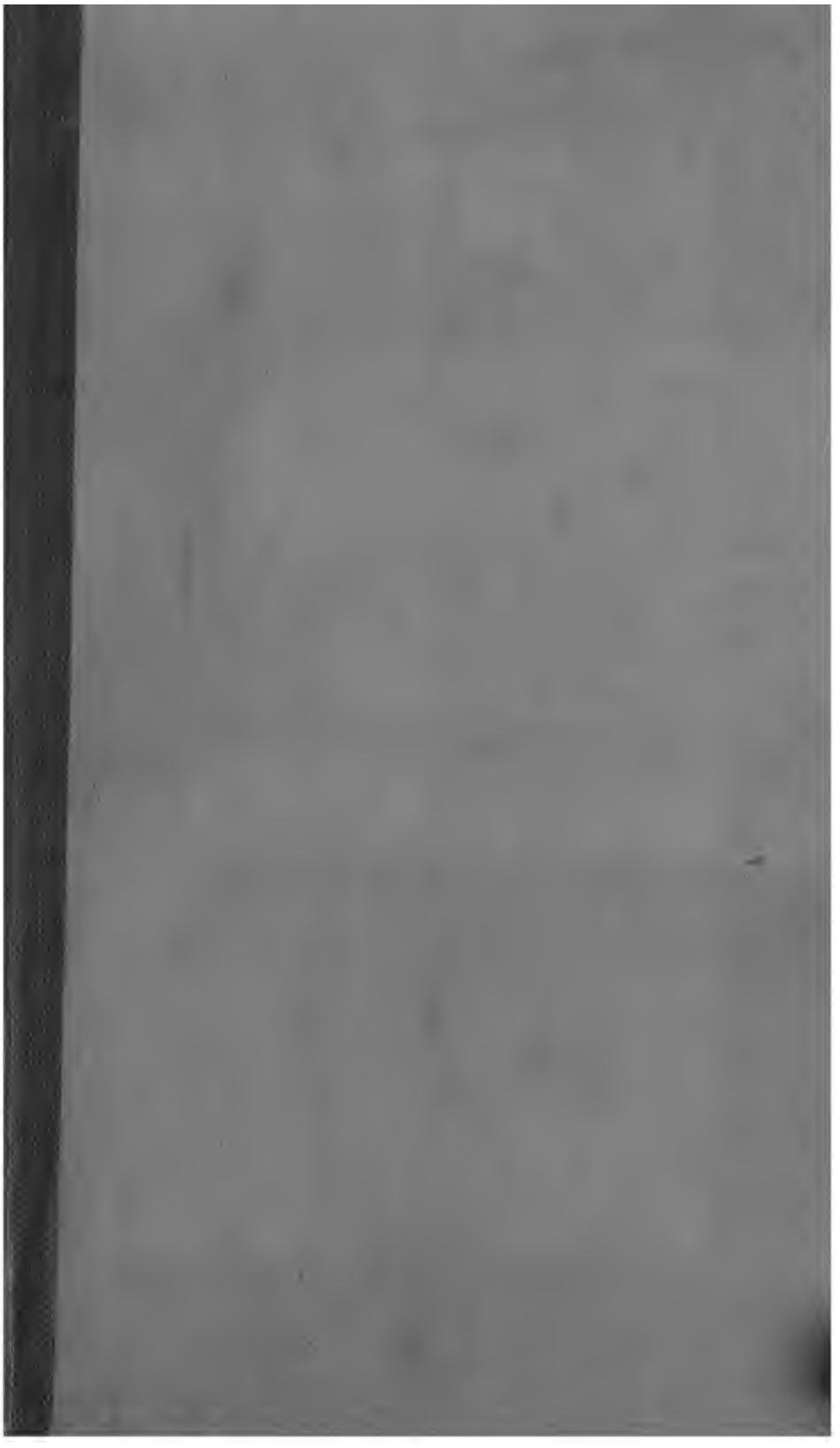

CASE

OF

COMPLEX LABOR,

WITH REMARKS, ETC.

REPORTED BY

GUSTAVUS L. SIMMONS, M. D.

MEMBER MASSACHUSETTS MEDICAL SOCIETY.

"He who faithfully discharges his duty with such light as he may possess, need fear no ordeal. He earnestly endeavors to relieve the sufferings of his patients, but he cannot control their destinies. Inefficacious though his efforts may have been, towards those efforts he solicits the severest scrutiny, conscious that the more rigid the investigation the more gratifying will be the result."—(Storer.)

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INTRODUCTORY.

To the Medical Profession:

SINCE the fatal termination of the following case, various rumors, affecting the professional reputation of the physicians in attendance, have been rife in the community. Had these been confined to the gossip of the neighborhood, the writer would not have deemed it necessary on his part to give publicity (in this manner) to the circumstances attending the complication; but, unfortunately for the honor of the profession, the petty jealousies which so often disgrace it in newly-settled communities were at work, and these grasped at the case as affording a basis of attack on which to compass the ruin of rival practitioners.

The subject of the accident was a lady of talent and beauty; beloved by all who had the honor of her acquaintance—with the brightest hopes of the future, and an enviable social position, the tidings of her death came like the stroke of a thunderbolt to her hosts of friends, and excited in their minds a peculiar interest as regarded the causes for such a sudden desolation of a happy household. The insinua-

tions of mal-treatment, set in motion by designing professional men, were eagerly caught up, and spread throughout the community, until the feelings of the deceased friends were saddened by the most unjust allusions in the public prints.

The *principal* in this ignoble work of slander—unable to bring the body of the profession to aid him, and without the *manliness* to bring an open charge before the Medical Society, resorted to street gossip to spread his inuendos; and, finally, prostituted an *ephemeral* position (assumed for self-laudation) and published an article relating to the case, which abounded in untruths and the most libelous insinuations.

Under the circumstances, it became the duty of the Attending Physician to publish a full statement of the case, that erroneous impressions might be corrected, and the connection of each of the physicians in attendance with the case fully made known. The writer had prepared copious extracts from the best authorities in relation to the subject of lacerations (some of which were kindly translated for him from German works by Dr. Auternreith of this city), but having been favored by one of the most distinguished obstetricans in the United States with an opinion directly upon the matter in question, he has withdrawn them as supererogatory.

The case is offered to the profession as one full of interest, and while regretting that other claims than those of our noble science have interfered with its truthful consideration, and rendered necessary the exposure of presumptuous ignorance, it may be a source of congratulation to know that by this we are enabled to present the opinions of one of the most learned obstetricans in connection with a point on which most general practitioners have had but a limited experience.

G. L. S.

SACRAMENTO, CAL., February 1st, 1857.

CASE OF COMPLEX LABOR.

On the morning of Sept 29th, 1856, I was called to attend Mrs. ———. On my way to her residence, I learned that the patient was in labor.

A "lady" who had had considerable experience in midwifery, had been engaged to attend the case, and it was not designed to call in the services of a physician, "*unless something should be thought wrong.*"

The pains had commenced about 11 o'clock of the previous night, from which time until two A. M. the progress of the labor, had been satisfactory to the attendant. From this time however the pains seemed to lose their force and it was judged no progress had been made.

The "patient" was firmly built, full sanguine temperament, and had always enjoyed good health; she had aborted the previous year at the 4th month; and, during the present pregnancy, had partially adopted the water cure system of treatment, having used the 'baths' and 'bandages' recommended by the 'Hydropathists' in such cases.

The only symptoms which particularly attracted her attention during the last few months, were, an inability to lie on the left side and a disagreeable sensation as of something growing fast in that direction.

By an examination, I found the first stage of labor complete; the head having passed the os uteri and was resting on the perineum. The patient seemed exhausted; pulse quick and more feeble than I expected to find it in one of her temperament; pains short and feeble with a conjested face and some cerebral symptoms. Soon after my arrival a warm *sitz* bath was administered, the sensations of which were agreeable to the patient, but which failed to have any observable influence on the progress of the labor.

The exhaustion becoming more manifest, and the pains lessening, I administered two drams of the Vin. Ergot, in divided doses.

Soon after its exhibition, the strength of the pains increased, and in about an hour after the first dose was given, the second stage of labor was completed. The funis was found around the neck of the child, and the head was elongated and much deformed. After the application of the binder, on passing my hand over the uterine region, I could detect no evidences of contraction. To excite this frictions were made in the usual manner, and at intervals treated upon the funis, but without effect. About an hour after delivery, considerable hemorrhage was apparent, and it was considered best to make an examination in regard to the attachment of the "placenta" especially as unsuccessful traction indicated that it still remained in the uterus.

By following up the funis, the uterine cavity was reached without difficulty; but it was soon apparent that the usual simple method would not be sufficient to effect the removal of the after-birth in consequence of extensive adhesions. Not feeling willing to submit the "patient" to an operation for its removal by force without an actual and apparent necessity existed, I resolved to wait for such symptoms as might justify a resort to a forcible detaching process.

During the remainder of the day the patient seemed easy; a number of times she called my attention to the left side, where she had some uneasy sensations; but there was, in my opinion, no particular or alarming symptoms present, other than those which might be expected from a loss of blood consequent upon an adherent "placenta." The pulse gradually fell during the day; so much so, that I finally deemed it necessary to administer some brandy as a stimu-

lant. The flooding toward night became more abundant, and its presence seemed to fully justify a resort to a forcible removal of the after-birth. The usual means to excite "contractions" were constantly employed; but the accurate examination allowed by the lax condition of the abdominal walls, *failed to reveal a contracted uterus during the entire progress of the case.* Before proceeding with the operation, I resolved to try the effect of the "secale cornut" on the hemorrhage and non-contraction of the womb. For this purpose one dram of the powder was infused in half a pint of Aqua, and administered in table-spoonful doses. On my way to procure the medicine I met and described the case to John F. Morse, who agreed with me as to the necessity of detaching the placenta by piecemeal, if it could not be otherwise removed. The *secale* having no perceptible influence either on the hemorrhage or non-contractions, it was deemed expedient to resort at once to a manual operation for the removal of the placenta. The patient *insisting* on being rendered insensible, chloroform was administered, and after the production of its anesthetic effect, the funis was followed up and the surface of the placenta reached by the appropriate fingers. Commencing at its left outer edge the detaching process was carried on towards the center, but with extreme slowness, as the adhesion was firm and unusnal in its nature. As might be anticipated, the detaching process excited some contractions of the uterus, which pressed upon the fingers and caused a distinct sensation of numbness. After having removed to near its central portion, the funis, upon which considerable traction had been made, parted at its placental connection. I continued for a brief period the efforts to dislodge the after-birth, and then withdrew my hand and made no further examination. Directions were given to continue ice frictions over the uterus, and a consultation desired, in consequence of an inability to remove the whole of the adherent placenta, and the gradual symptoms of sinking which at that time were supposed to proceed from the flooding. Dr. Brown soon arrived; and having been given a history of the case and diagnosis, proceeded to make an examination, the patient being again placed under the influence of chloroform (at her request.) He soon brought away a piece of the placenta, which he had found loosened within the os; but in consequence of an accident to one of his fingers, he could not well manipulate on the adherent mass, and at the subsequent consultation advised that further efforts be suspended and

nature be relied on to separate the remaining portion of the afterbirth. A recipe of Plumb. et Opii was also recommended, should the hemorrhage prove alarming.

Feeling much anxiety, I suggested more counsel, and John F. Morse was sent for. On his arrival, the anesthetic was administered, and he proceeded to make an examination within half an hour from the time Dr. Brown ceased. The symptoms now evidenced great prostration, with considerable abdominal distention, a quick and feeble pulse, anxiety of expression, and coldness of the extremities. At the consultation held immediately afterward, John F. Morse stated that in his endeavors to find the os, he had put his fingers through a laceration of the vagina, and had grasped the smooth peritoneal surface, and fundus of what he conceived to be a pyriform and *perfectly* contracted uterus after the expulsion of its entire contents, the body feeling like iron and it being impossible to introduce the point of the finger within the os. He supposed the placenta had escaped through the laceration, or had passed unperceived with the clots externally, as he could not believe it to be still in the cavity of so firmly a contracted organ.

No further examinations were made. The patient was evidently fast sinking, and the only hope seemed to be in the use of stimulants to induce reaction. A tablespoonful of the following recipe was agreed upon, to be taken every half hour: Ammon: Carb., half a dram; Muc. G. Acac, two ounces. At one A. M. of the 30th, pulse hardly perceptable; extremities very cold, with clammy sweat on the face and considerable thirst. Hot bottles and sinapisms to the extremities were used in connection with the stimulant, and at two o'clock, slight reaction occurred. Pulse could now be counted; extremities warm, and some tenderness apparent on pressure over the uterus. She slept at intervals from this time until eight A. M., the stimulant being continued every two hours. At eleven o'clock, saw the patient with Dr. Morse; pulse 132; abdomen very tender and slightly tympanitic; skin moist and mind clear. No water having passed since the labor was terminated, the catheter was introduced and from thirty to forty ounces of urine drawn off. Slight cutting pains were noticed through the uterine region. A recipe, Hydrag: Chlor: Mit: grs. X; Doveri. pulv. grs. iii, was administered, and cloths, wrung out in a hot infusion of hops, ordered to be kept over the seat of tenderness. At three o'clock, pulse 124 and fuller;

patient seems brighter and has less pain and tenderness over the abdomen. Eleven o'clock P. M., stomach began to be irritable. She had taken considerable quantities of strong beef tea during the day, and now this could not be retained; vomiting of greenish mucous soon followed; is evidently much troubled by tympanitis and continual eructations, which cause great uneasiness. An eight ounce injection, with half a dram ol. Tereb, was ordered; three of which were administered and passed off, but brought away no fecal matter.

Oct. 1st, 9 A. M., saw patient with Dr. M.; pulse 128 and feeble; features paler; skin moist; extensive tympanitis and tenderness. The hop fomentations causing uneasiness, a liniment containing chloroform et ol. Tereb. was applied over the seat of tenderness, and half of the following recipe ordered to be given: Magnes. Sulph., one and a half drams; Aqua. Camph., four ounces; may inject small quantities Lac. Assafœtida into the rectum; substitute chicken tea for beef tea, and swallow small lumps of ice. Three o'clock P. M., skin warm; pulse 120; has no nausea but slight *hiccuping*; could not retain the saline mixture; abdomen less tender since the application of the liniment; urine again drawn off.

Oct. 2d, A. M., saw patient with Dr. M.; pulse 110 to 115, and more full; abdomen less tender; no nausea or hiccuping; face quite natural; ordered topical applications to be continued, and a dose of Ext. Senna Fluid; fourteen ounces of urine drawn off. By report of the nurse, the usual quantity of lochial discharge. Three o'clock P. M., pulse reduced in number and volume; has hiccuping and nausea, and a small dejection resembling coffee grounds; increase of pain in abdomen, but not of tenderness; refers seat of pain to the left side, and is very restless; ordered gtts. XXX McMunns Elix. and an enema of ol. Recini et Tereb. At 11 o'clock P. M., saw patient with Dr. M.; pulse flickering, with fixed eyes, and very cold extremities; much hiccuping, which has continued since the afternoon. The enema acted well, and brought away large quantities of fecal matter. A recipe of Calc. Phos. cum Aqua Flos. Aurantii was recommended for the irritable stomach, the first two doses of which were rejected, and its further exhibition abandoned. Stimulants were again resorted to, with sinapisms and rubefacients, and two of the following injections administered: Vin. Opii, one dram;

Tinct. Assafœtida, one dram; after which patient had no pain and but little hiccuping.

Oct. 3d, A. M. patient slightly delirious; sees green trees and hears music; pulse very feeble, with cold extremities; has had no pain or nausea since 4 A. M., when the matter ejected had a bad odor.

Drs. Phelan and Ellis were called as counsel. After the consultation, a recipe of hydrarg. chlor. mit. grs. iii, quin. sulph. grs. i, was ordered to be given in the form of a pill every hour. Soon after administering this the nausea returned, and quantities of dark fœtid matter were vomited. From this time until five o'clock of the fourth, the patient gradually sunk, evincing towards the last great restlessness, oppression, and at times total unconsciousness. The treatment was continued to the end, and during the last twelve hours nourishing injections were freely administered.

AUTOPSY.

Twenty hours post mortem.—Present—Drs. Brown, Phelan, Morse and Simmons.

Owing to a variety of circumstances the autopsy was necessarily hurried and brief. The only points examined were the situation and extent of the laceration, and the location of the placenta. No one present noticed the bony structure of the pelvis, its diameters, line or protuberances. As the Attending Physician, I exposed the peritoneal cavity, which was greatly distended and contained some fluid; and to expedite the examination requested one of the gentlemen present to assist me in detaching the uterus and superior portion of the vagina from its connections. Dr. Brown kindly offered his services, and severed the attachments.

The uterus was low down in the pelvis, and upon raising its left posterior aspect, the left superior lateral wall of the vagina was disclosed in a state of gangrene, and a transverse laceration of the posterior vaginal connection with the uterus discovered. The rent was surrounded by gangrene, and three fingers passed from the vulva upward were made to enter it, and appear in the cavity of the belly. The breadth of this number of fingers was supposed to be the extent of the laceration, as they encroached upon its sides. The womb was observed to be flaccid, and feeling as if there was a vacuity within,

and three fingers could be easily introduced into the cervix. Upon laying open its cavity, *about a third of the placenta was manifest still adherent,* the edges of which were jagged, and the adhesion so firm as to require the exhibition of considerable force to detach a portion of it.

Statement of Dr. MORSE *before Committee Sacramento Medical Society.*

Dr. Simmons' written statement nearly coincides with my views. When Dr. Simmons called to see me, he represented the case as having been unusually happy in its termination, except the adherent placenta; advised with me about this; I advised its manual removal. When I was called to see Mrs. ——, Dr. Brown was there; he advised rest; had prescribed lead and opium. After consultation, we went up-stairs to examine the patient; pulse was depressed and frequent; extremities cold; abdomen distended and tender. I thought she was suffering from internal hemorrhage; hesitated about subjecting her to the pain of an examination *per vaginam;* went into another room with Drs. Simmons and Brown, and expressed my doubts as to its propriety in consequence of the extreme exhaustion; but both these gentlemen agreed that the best plan was to attempt the removal of the placenta. Dr. Simmons had said that the constriction of the os uteri was such as to weary his hand. I agreed to make an examination, and if practicable, remove the placenta. With my index finger first, and then with two fingers, reached only a cavity filled with coagulated blood; with my hand I reached gradually, feeling no resistance but coagula, the body of the womb, which I embraced and found contracted to a great hardness; the womb laid obliquely in the right iliac fossa; the cervix was felt for and was perfectly contracted and closed; then passing the fingers posteriorly, they passed into the vaginal rent. Being satisfied, I withdrew my hand, went down stairs and explained the case; Dr. Brown immediately stated that he had recognized the condition described, and that the cervix was included; I dissented, but Dr. Brown persisted in his opinion. Dr. Simmons said that he was ignorant of the fact; I

thought, at the time, that the placenta may have been discharged piecemeal, or had passed into the abdomen; Dr. Simmons stated to me then, that at his examination the uterus was contracted and pyriform in shape.* When I hesitated about attempting to deliver the placenta, Dr. Brown said I had better make the attempt—I might be more fortunate than he and Dr. Simmons had been; I coincided in the opinion that it ought, if possible, to be removed; Dr, Simmons appeared to act with coolness and composure; I observed no unusual flooding—no fresh bleeding; I kept my hand under the bed-clothes while chloroform was being administered; my vaginal examination lasted not more than two or three minutes; there was no resistance to the introduction of the hand; I had previously considered that the abdominal distension was the effect of hemorrhage.

Autopsy—Pelvis well formed, ample, no protuberance of the sacrum; there were no external signs of mortification in the os uteri; it was partially softened; the anterior and right lateral surfaces of the vagina were perfect; the rent was posterior and left lateral; there was no laceration of the cervix; in this Dr. Phelan and Dr. Simmons agreed with me in opposition to Dr. Brown. When Dr. Simmons called at my house, he said he had given what was equivalent to between 200 or 300 grains of ergot; the adhesion of placenta was too perfect for him to make any impression on it by traction; I then advised manipulation to remove it. When, afterwards, I made my examination and ascertained the laceration, I ascribed the extreme exhaustion of the patient to the shock of the system consequent thereupon. Dr. Simmons appeared astonished when I announced the state of the case; was surprised that Dr. Brown should have expressed no recognition of it; I could not reach the os uteri with one or even two fingers; think the fundus of the womb was not more than four or five

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*The substitution of *ed* for *ing* in the termination of the word contracting, so changed my meaning in this connection, that it became necessary for me to ask an explanation of the author, especially as the nurse was engaged in attempts to promote these very contractions up to the time of his arrival, under my direction. I accordingly sent a note to J. F. Morse, which stated my complaint, and desired an explanation before the report was published. Soon after this he accosted me on Second street, acknowledged the receipt of my note, and stated, (as I at that time supposed,) that it was an error. I left him with the understanding that it should be corrected before publication. What was my surprise to find in the pages of the *Medical Journal*, which was soon after issued, the same untruth, repeated with an evident design to construe my own statement into a support of his proven error in Diagnosis.

The adoption of this course necessarily rendered him a fit subject for *personal chastisement!*

inches in diameter at the time of the autopsy; it was about the usual size and appearance of an uterus at such a period after delivery.

CORRESPONDENCE.

SACRAMENTO, Nov., 1856.

DEAR DOCTOR:—

I am about to publish a history of the case of Mrs. ——. Please do me the favor to prepare an account of your own connection with it, and such remarks as in your opinion may have a bearing upon a correct understanding of the affair.

Yours, very respectfully,

G. L. SIMMONS,

To Dr. B. B. BROWN,
Acting President Sacramento Medical Society.

SACRAMENTO, Dec. 5th, 1856.

DEAR SIR:

Your note of the 23d inst., was duly received, requesting a statement of the facts, which transpired during my connection with the case of Mrs. ——. In reply, I will state that I was called Sept. 29th, at 9 o'clock P. M., to meet you in consultation. You gave me a history of the case, and stated that the patient was under the charge of Mrs. ——, but from unusual attending circumstances, it was deemed necessary to call in a physician, and that you were called at seven A. M. You found the pulse feeble, with some hemorrhage; head of fetus pressing against the perineum, and a cessation of labor pains, (which condition seemed to be the ground for calling aid.)

Warm hip baths were used, and after an hour, there being no signs of expulsive pains, Ergot was administered, after which the pains became active, and a living child was delivered at nine A. M.,

but with a deformed head, (to this I can attest, as it was remarkable when I visited at nine P. M.) Hemorrhage ensued; ice was used with frictions with a view to promote tonic contraction of the uterus, but without success. An examination showed the afterbirth to be adherent, and there still being flooding, you gave the Secale Cornut. Failing to get its therapeutic effect, you proceeded to detach the placenta with the hand. After partial success, the funis parted, and you desired a consultation. Condition of the patient at my visit: Pulse about 150, could not be counted with accuracy; lips pale; ali nasi distended; extremities cold; abdomen natural after delivery, *no distention*. On inquiry as to the amount of blood lost, you replied probably eighty ounces. I then informed you that in consequence of an injury to one of my fingers, and its painful condition, I could be but of little use in manipulating to remove the retained placenta; however, with some reluctance, I proceeded to make an ordinary examination, using my index finger with a moiety of oil, and turning up the cuff of my coat. Previous to which the patient earnestly solicited to be put under the influence of *chloroform*; I dissented at first, but finally yielded to her desire:

Examination—Vulva smaller than usual, vagina utterly relaxed and uterus very low in the pelvic cavity; I could not feel the os; all the parts were profoundly flaccid. At the juncture of the vagina with the neck of the uterus, I discovered a smooth and apparently fibrinous clot of blood, about the size of a dollar; I raised the lower edge of it, and finding it was quite adherent let it remain. This was the *only* clot in the passage. I believed this to be good practice, for if there was a laceration beneath it, it was better not to meddle, as the child was born, and not run the risk of diminishing the chances of life, or abridge them altogether by a useless exploration for mere curiosity. The clot would, at least, serve to prevent the passage of blood into the pelvic cavity; I made no further examination of this part; did not *know* there was a laceration, but suspected it from the presence of the clot.

I am thus explicit on this point, because I have been misunderstood in relation to the grounds upon which I based my knowledge of a laceration. Had I really detected a rent, I should undoubtedly have communicated a knowledge of the same to you, and you would have had just reason for complaint had not I done so. My suspicions required corroboration, and as you declined to manipulate any more,

a third practitioner was called; after whose lengthy exploration I first heard of appearances and conditions unknown to myself.

I then turned my attention to what I considered to be of the first importance, viz: the delivery of the placenta. Finding I could not effect its removal, for the reasons stated, I touched a mass hanging pendant below the neck of the uterus, which was a portion of the placenta you had previously detached. I made another examination with a view to its removal, and to inform myself conclusively relative to the attached placenta. I succeeded in grasping the detached portion, and brought it away. Both examinations did not occupy over five minutes, and I became satisfied that the remaining placenta was morbidly adherent. There was persistent hemorrhage, but not at this time alarming; still the patient exhibited no signs of reaction. At the consultation I informed you that I considered the case a bad one, and recommended cordials for the patient.

At the conclusion of my examination there was no indication of uterine contraction, and this was only about twenty minutes prior to Dr. M.'s manipulations. At the time I ceased, you desired the nurse to continue the ice frictions over the viscus, and I believe she states that at this time she could detect no contractions. You manifested apprehension that the continual hemorrhage would tend to lessen the chances of life; I replied that I saw no immediate danger from this source, but if you were in doubt a tampon might be introduced, and plumb. et opii given. *This was not done,* and the necessity for it gradually subsided.

Further counsel was agreed upon, and Dr. Morse soon arrived. This was about half an hour after I entered the sick chamber; you gave him a history of the case, and I only informed him that I considered it a bad one; no further conversation passed between us at the time, inasmuch as it could not be considered a consultation until he had examined the patient. As the efforts to remove the whole of the adhesion had failed, it was suggested that Dr. M. might be more successful; he expressed no reluctance to manipulate, but immediately threw off his coat, rolled up his sleeve, and prepared his hand for the examination, which lasted more than *ten* minutes; after which I asked him if he had his hand *in* the fundus uteri; I understood him to answer distinctly—*Yes.* His diagnosis at that time was that the vagina was torn to pieces, and filled with clots of blood. Prognosis, that the patient could not live thirty hours; I rejoined

that I had suspected there was a small laceration, but differed e
tirely with him as to its extent, position and the presence of the clo
as such a condition of things could not be present and pass unc
tected by me in two examinations; I thought it probable the os w
involved in the laceration; Dr. M. did not inform me of the explo
tion of the abdominal viscera, which he purports to have made;
was entitled to know of this, and should instantly have corrected t
blunder, that the uterus was like *iron* and the size of a large pe
I was open, candid and communicative, and only learned that t
hand was thrust past the under surface of a firm clot, into the reces
of the peritoneal sac, and an examination made among the tender
of tissues—such as grasping the fundus of the uterus, etc.—so
days after its occurrence. Can we wonder that the individual w
could make such inconsiderate manipulations, would deem it best
to be the first to cry, "wolf," and prostitute any position to co
such a proceeding. Charity leads me to suppose that the sm
laceration which might have existed, was mistaken for the entra
of the womb. Into this the *hand* was forced, the rent widen
and an exploration made around *serous* walls, with the idea of findi
the placenta, which the operator had been told was still adherent.

I visited the patient with you on the following day: slight react
had occurred; abdomen enlarged; extremities cold and clammy.
did not see her again until the following Sunday, when I was cal
to assist at the autopsy, which was performed by you and mys
Drs. Phelan and Morse present. The post-mortem, owing to cert
circumstances was much hurried; but I feel called upon here to st
that the report that the dissection was carelessly made, is unfound
If there was a fault, *after what has transpired*, it was not sufficier
extended. All present seemed to be satisfied, and asked to see no m
The osseous structure of the pelvis was not examined by *any c*
Portions of the parturient organs were observed to be in a state
semi-sphacelation, and the peritoneal cavity contained a quantity
grumous blood, partially decomposed. The uterus and vagina p
sented the same flaccid condition as when I made my examinati
and the cervix would admit three fingers, thus proving that the or
never had been contracted firmly; and, as will be shown, such c
traction *could not* take place.* The ligaments of the uterus w

*See Meigs' New Edition, page 446.

divided, and the dissection carried down to the third of the vagina, which was divided, including the rectum. The laceration was transverse, at the juncture of the posterior vaginal wall with the cervix.* The os was not involved, as I had supposed, and still the imagination must draw a line to establish its position—length of laceration about two inches. At the extreme left edge of the rent a longitudinal connection presented itself of serons tissue, which passed from the posterior wall of the cervix below the lower edge of the fissure; two smaller bands were near by, but these have disappeared by rude handling and the effect of maceration. On the wall surrounding the laceration, there was seen a pulpy and remarkably ecchymosed spot; after the specimen had remained in macerating fluid (which was changed every third day), it was noticed that this spot had been macerated away, and formed a large fissure, which was divided by the band referred to.

On dividing the anterior wall of the vagina and uterus, the morbidly adherent placenta was exposed (as I had anticipated) with about half its bulk gone. Its was of a fibrinous nature, and seemed to grate under the edge of the scalpel. All was thus revealed that was necessary to be known, and those present seemed anxious to quit the abode of mourning.

It is well known to every one at all acquainted with pathological anatomy, that a dissection made under the most favorable circumstances will speedily undergo palpable changes, and especially is this the case when a specimen is in a state of gangrene or sphacelation. The pathologist is not unfrequently confounded by the rapid alteration and Scanzoni remarks, "that he has frequently made dissections,

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* It was asserted by one whose acquaintance with the anatomical structure of the parturient passage must have been exceedingly limited, that a rupture in *this locality* was not only "most unusual but nearly impossible." To show the fallacy of this idea, I need only quote from the last edition Meig's Practice Midwifery, page 519: "It appears to me far more probable that these lacerations, or ruptures, as they are called, will commence in the *posterior wall of the vagina*, nigh to the cervix uteri, where the vaginal wall consists merely of the mucous body and vaginal cellular tela, resting upon a basement texture which is peritoneum merely. The tube is so thin at this point, that it is surprising to witness its power to resist in certain labors wherein women, to the amazing expulsive powers of the uterus, add the vast power which they are capable of exerting by means of the adjutory muscles, etc., etc."

Thus then it is shown by the highest American authority (and one who ranks with the most renowned in the world) that this point is more liable to injury during labor, than any other part of the parturient passage, and I firmly believe that this location is frequently injured in parturition, and the fact escapes the notice of the Accoucheur or patient. The patient being treated on general principles, indications met, and a cure perfected.

and, after a brief period, when viewing them on the table, he could scarcely recognize the specimen as that he had prepared." I have referred to this, because an ignorance of so simple a fact gave rise to one of the most base and malicious inuendos that ever disgraced the lips of any man.

In the October number of Morse's Med. Journal, my own testitimony is tortured, evidently by design; some of the statement is correct, the remainder incongruous and utterly ridiculous. It will be found to be sufficiently reviewed in this letter.

In relation to the contractions of the womb, I desire to state, that it is probable the contractions you experienced, when forcibly detaching the placenta, were irregular—and these ceased so soon as the stimulus thus communicated was stayed. I repeat—that there was not, and could not have been any contractions of a character bearing the least resemblance to permanency. The presence of a morbidly adherent placenta would oppose it; but if this was the case, why was not the hemorrhage arrested, which continued during all the examinations? or for what reason did the attending physician desire the nurse to continue the ice frictions over the womb? I feel assured that every obstetrican will bear me out in correcting this apparently intentional blunder, which Dr. M. has so insidiously attempted to show. While I deplore the unfortunate termination of a case which had left a void in society, I feel perfectly indifferent (being, I may say, a mere spectator) to the supposed wounds which unscrupulous *medical assassins* may attempt to inflict.

Now I have given you a faithful account of the symptoms and circumstances in the order which they transpired. This has increased my letter to a much greater extent than I at first anticipated. Allow me, however, in conclusion, to quote a paragraph from the able address of my old and distinguished friend, Prof. Jos. N. McDowell, of the University of Missouri, which may apply to our own locality as well as to that of our more Eastern brethren:

"On the subject of medical ethics, gentlemen, I have but little to say that cannot be said in a single word. Be the gentleman! allow no opportunity to pass, that you do not endeavor to convince your neighbor physician that you will be his friend; that your course will be with him both honest, upright and honorable. This will obviate all law, all technicality, all refined rule or *etiquette* constrained; the

code of honor should be the physician's code; to the last of his blood and his breath he should keep it.

"Attend to your own business, and do not too much concern yourselves with the business of others. Do not, by stealth, secure the patients or the family practice of your brother doctor; nor by insinuation, nor by inuendo reflect upon his honor, his integrity, or his intelligence. Do not say that your brother is faulty, forgetful, lazy or neglectful; and say, in terms of sympathy, that you pity him, and that, poor fellow, he is a good fellow; we all like him; we all respect, love him; but he has his faults, and for those we pity him, for truly he is himself his greatest enemy. Leave all such meanness and like insinuations for the heartless hypocrite who may *lie*, but cannot *deceive;* whose objects are too transparent not to be observed; whose only wish is the elevation of himself upon his neighbor's downfall."

With much regard,

I am yours, truly,

B. B. Brown, M. D.

To G. L. Simmons, M. D.

Statement of Dr. G. J. Phelan, *in a letter to the Committee.*

On the 4th inst., I was called to see Mrs. ——, who was represented to be in a hopeless and dying condition; I requested Dr. Ellis to accompany me; on our arrival at the house, we there found Drs. Morse and Simmons—the consulting and attending physicians; the patient seemed to be in possession of her mental faculties: appeared cheerful though anxious, and declared that she had no pain whatever; her voice was natural and strong; pulse weak; abdomen tympanitic and without pain on pressure. Owing to her exhausted and sinking condition, it was not thought advisable to ask her many questions, nor make minute examinations; it was agreed that the patient should be sustained by stimulants—reaction brought on if possible, some alteratives given, etc. The history then given by Drs. S. and M. was hurried and brief, and about as follows: The patient was well formed, of a robust constitution, lively temperament, and had suf-

fered no accident or ill health during her pregnancy. At 9 A. M. on Monday, September —, she was delivered of a healthy male child. After the delivery of the child, the patient was as well as could be expected, no unfavorable or alarming symptoms being present. The placenta not coming away in due time, Dr. S. tried to produce contraction, and drew on the cord unsuccessfully. He then introduced his fingers within the uterus, and tried to detach the placenta. The contractions at length paralyzed his fingers, and the tension on the cord caused it to break away at its connection with the placenta; hemorrhage followed and counsel was requested. Dr. Brown was called and tried to remove the placenta, but failed; he, however, brought away a portion, which appeared to be of a fibrous or unusual character. Dr. Morse was then called; he stated that on making an examination, he was astonished; he first found clots of blood; on passing through these and sweeping his fingers around, he discovered a large rent in the vagina; he then felt the serous surface of the uterus—felt the fundus and passed his finger down to the mouth, which was contracted and would not admit the point of his finger; the uterus was hard, and contracted to the size of a large pear; the treatment was then detailed.

PATHOLOGICAL APPEARANCES.

DR. G. L. SIMMONS:

In compliance with your request, I herewith transmit a report of the post-mortem examination in the case of Mrs. ——, held in this city on the 5th of September last, Drs. Simmons, Brown, Morse and myself being present.

Dr. S. and B. made the dissections.

Externally the pelvis was well formed; the abdomen was distended; and there was a discoloration of the skin (ecchymosis) near the crest of the ilium on the left side. On opening the cavity of the abdomen the intestines were found distended with gas; and there was a small quantity of blood in the peritoneal cavity. A laceration in the vagina several inches (about three) in extent, nearly transverse, in the pos-

terior and left lateral portion, and near the neck of the uterus, was brought to view. The uterus and a portion of the vagina were then removed and laid open by a section through the upper or anterior walls. The vagina, in the vicinity of the laceration, seemed progressing towards decomposition. No portion of the uterus was ruptured. Part of the placenta, less than half, of a crescentic form, was within and adherent near the fundus. The dilation of the os was sufficient to admit one or two fingers. In examining the cavity of the pelvis nothing was found to correspond with the external ecchymosis —the seat of great pain and some swelling for several days before death. However, it was observed that the pelvic cavity was apparently natural, and no deformity was supposed to exist.

G. J. PHELAN, M. D.

SACRAMENTO, Jan. 30th, 1857.

SACRAMENTO, Jan. 1857.

DR. G. L. SIMMONS:

DEAR SIR—

In accordance with your desire that I should prepare a statement of my connection with the case of Mrs. ——, I herewith send you the following. I do this with pleasure—more especially, as the statement prepared by the Committee, and published in the Medical Journal, contained some errors.

Respectfully,

M. B. SMITH.

Statement of MRS. SMITH.

I was in attendance on the lady in question from the time she was first taken in labor to her decease. The pains commenced about eleven o'clock P. M. on the 28th of September. Labor was natural

and progressed very well till two o'clock A. M. of the 29th; after which time the progress was less perceptible—a tepid hip bath was administered about five o'clock, which seemed to have a good effect. The pains were now short and sharp, and the progress slow. Dr. Simmons was called about seven o'clock, and took charge of the case. I thought the presentation correct—the waters passed off in the early part of labor. Dr. S. gave a warm hip bath, and after an hour or so, having had time to form an opinion of the character of the pains (and the patient becoming weary), he administered ergot. In about one hour she was safely delivered, as we had hoped. The child's head was much elongated and ill-shapen. The patient seemed comfortable and free from pain during the whole interval between the birth of the child and seven o'clock P. M., except when attempts were made to extract the placenta by traction; I gave her a warm hip bath about noon, and made several vigorous attempts, by traction on the cord, to remove the placenta, which seemed firm and unyielding. I continued the manipulations with ice and cold water constantly during the day, and there were no after pains or *contractions* perceptible at any time. At seven o'clock P. M. (ten hours after delivery), at the earnest solicitation of the patient, Dr. S. commenced the administration of chloroform, with the hope of removing the placenta without pain; he then introduced his hand, and extracted a portion only of the placenta. The cord had been divided in the last effort to produce the desired result. Failing to remove the after-birth, Dr. S. immediately requested a consultation. Dr. Brown soon arrived, and after consulting with Dr. S. made an examination; was not long in doing so; complained of inability and lameness of the hand. I think he obtained a small piece of the placenta. Dr. Morse was now called in, and he made a *more protracted* examination of the case. Do not know how much of the placenta was removed by his efforts; the patient was under the influence of chloroform in a greater or less degree during the manipulations. She made no sudden outcry of pain before or after delivery, as an indication of the injury afterwards ascertained to have been received during labor; there was no very unusual hemorrhage—but much more after the efforts at removal of the placenta by Drs. Brown and Morse.

REMARKS.

On the 12th of October, I reported the minutes of the case to the Sacramento Medical Society. These were copied from my case book, and were not prepared or designed for publication, and did not contain a few facts which a more careful consideration of the case brought to mind. At that time I desired the Society to fully discuss the matter, and it was deemed best to select a committee, that some definite conclusion might be arrived at. The nature of the discussion which preceded this action may be inferred by the following extract from the committee's report:

"As will now be shown, such startling doubts have only served to direct their scrutiny to a subject on which they, as well as others who took part in the opening debate, which led to the election of a special committee, were not sufficiently advised."

No charges were preferred against any member, and the committee, without endeavoring to reconcile the differences of opinion which existed between the attending physicians, confined their labors to the subject of lacerations. The statements of each of the physicians and nurse were separately taken, and, with the minutes of the case, served as a basis for their opinions.

Considering the remarkable differences in diagnosis, and the varied interests involved in the decision, the report may be taken as a model one. A description of the pathological specimen was appended, as seen after its maceration and waste, but so totally changed were its appearances from those exhibited at the autopsy, that it is only interesting as showing the great changes which gangrenous specimens will speedily undergo by maceration.

For a description of the specimen as seen at the *post mortem*, we respectfully refer the reader to the statement of Dr. Phelan, (page 20.) This gentleman was entirely disinterested; and has obliged us by preparing an account of the morbid appearances as then exhibited.

While appreciating the embarrassments under which the committee labored, and with all due respect to its members, it is to be regretted that the circumstances attending the autopsy, and the pathological appearances there presented, were not inquired into. Had this been done, it is probable there would have been no intimation of a careless dissection, or a malicious charge of alteration. It would also have been evident that no one examined the capacities of the

pelvis, and hence the impossibility which existed for any one to state that it was ample, etc., etc.

Report of Committee of the Sacramento Medical Society, adopted by the Society.

Before proceeding to draw any inferences from the foregoing statements, presenting "*prima facie*" so many discrepancies, your Committee experienced no small degree of embarrassment in determining the extent of their delegated trust. Concluding, at last, that the Society from which their power emanated was not a civil tribunal, but a scientific institution, the committee deemed that they could best subserve the interests of the profession by testing the merits of the case, so far as the laceration is concerned, *and no further*, according to standard authorities, and the recognized principles of medicine.

With an eye single to the dignity of the noble and time-honored profession we represent in California, your committee have endeavored to direct toward this intricate portion of the subject, as from one focus, the light of science, wherever it could be obtained in the limited time allowed, as well from the defective libraries accessible to them, as from the experience of medical gentlemen of acknowledged acquirements. That the accident which was involved in a fatal termination of the case is an extremely rare one, will be made to appear beyond contraversion; that it is sometimes unavoidable, and espepecially in a *prima-para*, may be established by precedent. How it does occur, the committee think can be demonstrated from the writings of the highest medical authorities; but as to when it happened, must remain conjectural, and can never be determined with scientific precision.

To impart a definite idea of the infrequency of this catastrophe, it is only necessary to cite the result of the investigation of one of the most experienced obstetrical staticians. Collins, of the "*Dublin Lying-in Hospital*," states, that in 16,414 deliveries he met with only thirty-four cases of rupture of the uterus or vagina.

From a hasty analysis of these thirty-four cases, we find that six only were strictly of rupture of the vagina alone at its junction with

the uterus. In five of these six cases, physical causes existed sufficient to occasion the accident. In one alone was it produced by the mal-practice of a midwife, who mistaking the child's hand for the foot, forcibly brought the former down. This case was the only one of the six that recovered.

Thus it appears that in one only in 2,735 of the whole, did the accident we are now examining into occur, and this, it is presumed, is sufficient to establish the fact of the rarity of such special lesion of the vagina—the more so when not attributable to malformation, either of mother or child.

The momentous import of the question before us cumulates, therefore, under the influence of such considerations, and is well calculated to excite suspicions among the uninformed, respecting professional culpability in the case under discussion, especially as it is amply testified to, that the concurrent labor was natural. Indeed, so strongly unfavorable and prejudicial to the reputation of all the accouchers concerned in the matter, is the array of circumstances on the first blush, that the committee themselves are free to acknowledge that, had no authority or precedent been discovered, whereby the unavoidable occurrence of an injury of such a character as the present was established by writers or practitioners of undoubted skill, these suspicions might have continued to exercise undue influence in the rendition of their judgment.

As will now be shown, such startling doubts have only served to direct their scrutiny to a subject on which they, as well as others who took part in the opening debate, which led to the election of a special committee, were not sufficiently advised.

On reverting to the authority just quoted (Collins), we find that "Case No. 30 was delivered by the *natural efforts* of a still-born child, after a labor of one hour." On the fourth day after, the woman died, and at the post-mortem, "on raising up the uterus out of the pelvis, a laceration was discovered at its junction with the vagina. Though this was suspected before death, yet there was no circumstance connected with the labor which could lead us to anticipate it."

A still stronger case, we conceive, in point, has been reported by M. Graus, in the "Bulletin de l'Acadamie Royal de Medicine," Belgium, of a natural labor occurring in a woman aged forty-four, who had borne five children. The delivery "was quickly followed by profuse hemorrhage, and in thirty hours by severe abdominal

symptoms. Upon examination *per vaginam*, a laceration was found at the left anterior wall of the vagina, which was supposed by M. Graus to communicate with the peritoneum. In order to ascertain the fact, he introduced, through the laceration, an œsophageal tube, which penetrated, without difficulty, as far as the hypochondriac region."*

Perhaps two more valuable cases cannot be found among the archives of medicine, as to their bearing on the principal points of the case under consideration. The first proving practically that delivery can be effected *naturally*, even although the uterus itself be ruptured, with the occurrence of "no circumstance connected with the labor which could lead us to anticipate it." And the second, that laceration high up in the vagina may occur in skillful hands, without any positive knowledge as to when it happened, and that no bad symptoms may be developed before the expiration of thirty hours.

With such facts before them, the committee deem it would be supererogatory, and cumber this report unnecessarily, to crowd in the further result of their researches; believing that if, with these two important precedents, they can also satisfactorily demonstrate from authorities, *how* such accidents are occasioned, they will have established the predicate, if they are unable entirely to overcome all the difficulties existing in the premises.

Scanzoni,† and many other eminent writers state, unqualifiedly, that ruptures of the vagina can be produced by the child's causing too much distension of the walls of the vaginal canal while passing through it. Cazeaux‡ not only corroborates this assertion, but after affirming that lacerations at the upper part of the vagina, may result either from traction or from direct pressure, goes farther and shows, upon the authority of Duparcque, how uterine contraction alone may produce transverse laceration of the vagina. The following is the rationale: "The child's head being wedged in at the superior strait, or else being more or less engaged in the excavation, and unable to advance any further in consequence of the resistance it encounters, and the matrix still continuing to contract, the latter withdraws itself, as it were, from the infant. The margins of the orifice are gradually

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* See Ranking's Abstract, Vol. I, 1845, p. 181.

† Lehrbuch Geburtshilfe Wien, 1853; Erste Halfte, p. 530.

‡ See Translation of his Treatise on Midwifery, by R. P. Thomas, M. D.; Philadelphia, 1850, p. 628.

drawn up towards the fundus of the organ, whereby they get clear of the head in a great measure, and sometimes altogether. Thence it happens that the vagina becomes subjected to an active traction, proportioned to the energy of the uterine pains, and, consequently, as it only offers a passive resistance to the distension and compression it undergoes, it is gradually enfeebled and ultimately gives way." "The signs of this rupture," continues Cazeaux, "and the accidents to which it gives rise, are very similar to that of the uterus, excepting that they are less intense and not so dangerous. The pain is less acute at the time of its occurrence, being sometimes even confounded with the labor-pains, and the existence of a laceration is only suspected some time after, when searching for the cause of the arrest of labor." Let us now recur to the testimony before us.

Mrs. Smith states, that from two to seven o'clock A. M., (the hour of Dr. Simmons' arrival), no satisfactory progress was made in the labor, which had been previously natural and regular. Dr. Simmons says that he found, on his arrival, the first stage of labor complete—the head having passed the os uteri and resting on the perineum; and it was not until aftar waiting awhile and finding the pains were lessening, that he resorted to the Ergot. Placing these facts in conjunction with what has just been cited from authorities, the committee think it probable that the laceration took place during the interval between two and seven o'clock A. M., when the progress of the labor was interrupted. But while they strongly incline to this opinion, which is sustained with almost syllogistic force, the committee will also suggest that the rupture may have eventuated, or perhaps been increased in size, at the period when anæsthesia was first produced, and when a consultation was requested in consequence of the unfavorable symptoms, and the rapid sinking of the patient. These untoward events, at this epoch, however, may have been the result of laceration previously, it being well authenticated, in numerous other instances besides the one of M. Graus, already quoted, that severe abdominal and other symptoms may not be developed until after the expiration of many hours. Had the accident happened in accordance with the latter suggestion, there perhaps need not necessarily be cause of reflection, in this respect, on Dr. Simmons, inasmuch as he was at all events, *then* acting in conformity with some authorities who insist upon the extraction of the placenta; although we confess that we would have been unable to account, satisfactorily, for its occur-

rence under such contingencies. several instances of rupture of the uterus itself are mentioned by Dr. Trask,* as occurring with practitioners of undoubted skill, while making vaginal examinations; and Dr. Tyler Smith† believes, that "in many cases violent uterine action is in itself the cause of rupture; the immediate cause being either emotion, volition, or a reflex or peristaltic action;" but we have met with no authority that maintains that rupture of the vagina, after delivery, may be caused by uterine contraction alone. Dr. Morse testifies that the uterus acted so powerfully (under the specific effect of ergot, we presume), during his examination, that it was "contracted to a great hardness," and that Dr. Simmons had stated to him that at his examination, "the uterus was contracted and pyriform in shape."‡ Could this peculiar clonic action of the uterus have exercised any injurious action upon an overstrained or partially torn vagina? We leave the Society to decide.

From the present data, therefore, it is impossible for the committee to arrive at any definite conclusion as to the exact juncture, when the catastrophe to which alone they have confined their investigations transpired. That it did not occur during Dr. Morse's examination, is proven by the testimony of Dr. Brown. That it occurred prior to Dr. Brown's examination, there is good reason for believing, as is shown by the testimony of Mrs. Smith, corroborated by Dr. Simmons, respecting the sinking condition of the patient.

Had Mrs. Smith testified to any extraordinary outcry, or demonstration of sudden suffering, at the commencement of the partial suspension of the labor, the committee would, in that event, have unequivocally decided that the rupture occurred at such particular stage.

Under existing circumstances, they can only reiterate the strong probability already expressed, that this was the period of calamity, for, as has been already shown, it does not necessarily follow that there must be some manifestation of a more than ordinary acute pain in this contingency; which, indeed, if such was the case, might have been confounded with the throes of labor.

With regard to the pathological specimen placed in the hands of the committee, it seems, from present appearances, to have been so

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* American Journal Medical Science; Philadelphia, April, 1848, p. 392.

† Churchill's Midwifery, with notes by Condie; Philadelphia, 1851, p. 448.

‡ See page 12.

carelessly dissected, and has been so much handled and injured by the macerating fluid, or other unknown causes, that they decline expressing any opinion upon the evidence it might, under different circumstances, have satisfactorily afforded. They have already given as exact a description of it as its present condition permits, and with a single remark, and that is to call attention to the tendency to abnormal developments revealed by the ovarian cyst, herewith bring this report to a close, and most emphatically ask to be discharged from a further consideration of the whole subject.

All of which is respectfully submitted.

(Signed,) THOS. M. LOGAN, M. D.
IRA E. OATMAN, M. D.
F. W. HATCH, M. D.,
W. G. PROCTOR, M. D.
GUSTAVUS TAYLOR, M. D.,
Committee.

SACRAMENTO, November 12, 1856.

SOON after the occurrence of the complication, (owing to the limited experience of most of the profession in Sacramento in regard to lacerations, and the want of proper authorities,) I forwarded to Professor Meigs, of the *Jefferson Medical College*, Philadelphia, the following letter and synopsis.

The length of time which necessarily elapsed in corresponding between Sacramento and Philadephia, prevented the reply from being received in time to read it before our local "Medical Society," prior to the closing of the discussion on the subject. I have, therefore, taken the liberty of publishing it in connection with the case.

As the opinion of the most prominent obstetrical author in the United States, it is well worthy the perusal of every practitioner.

It was considered proper to publish the synopsis, although only a repetition of the reported case, that the reader might know how far this eminent gentleman was informed of the attending circumstances.

PROF. CHAS. D. MEIGS:

RESPECTED SIR:

A case of much interest in connection with the obstetrical branch of medical science, has recently occurred in this city. No one of the physicians here professes to have seen a similar case, and the few authorities on the subject, which could be obtained, have been consulted, but from them, *some* suppose, nothing definite can be found in regard to the matter. Under this condition of things, a variety of ideas exists on the subject in the minds of medical men in this locality. An opinion from one with your reputation and enlarged experience, would undoubtedly settle the controversy. To obtain this, I have taken the liberty of enclosing a brief synopsis of the case for your consideration.

Were not the case one out of the ordinary course, I should not feel willing to trespass upon your invaluable time, at a season of the year when it is so fully occupied; but it possesses, in this locality, more than common interest, and your answer will be received with much respect, and will undoubtedly clear up the doubtful points connected with the subject.

I ask this favor, that the opinion may be read to our local Medical Society, some of whose members have had the honor to receive your instruction and advice in by-gone years.

With much respect, I remain,
Your obedient servant,

G. L. SIMMONS, M. D.

SYNOPSIS.

Sept., 1856.—Was called to attend Mrs. ———; patient 27 years old; full sanguine temperament, and firmly built; had aborted the previous year. According to a lady present, who had been engaged to attend the case, the patient had been in labor about eight hours, and for five hours no progress had been made.

The head was found to be in the lower strait, pressing against the perineum, and there was apparent need for but few good expulsive

pains to conclude the second stage of labor. Pulse more quick and feeble than was expected in one of her temperament; face flushed, and much apparent exhaustion, with short feeble pains. Some time after vin. ergot was administered to the extent of two drams, and about an hour after the first dose was given, the delivery of the child was effected without other interference. The funis was around the neck of the child, and the head deformed. After delivery it was noticed there were no evidences of contraction, and the usual local agents to excite it were made use of, but without effect.

After waiting some time, the attending physician carefully followed up the funis, and endeavored to bring away the placenta, by the common method, but it was so adherent this could not be accomplished, and the hemorrhage increasing, secale cornut in powder was given, but without apparent influence. The appropriate fingers were now introduced into the uterine cavity, and efforts made to detach the placenta in pieces, traction being used at the same time on the cord. After having detached, as was supposed, nearly half the mass, the cord parted, and the attending physician soon ceased his efforts and desired assistance. Some uterine contractions were excited by the manipulations. Another physician soon arrived, who states that he noticed a firm clot on the sup. post. vaginal wall, which he partially raised. That the uterus was *not* contracted, and the remainder of the placenta adherent. In consequence of an accident to one of his fingers, he could not well manipulate, and advised rest or Plumb. et Opii to subdue the hemorrhage which had been present during the day. The pulse had been gradually growing feeble, and symptoms of prostration were now plainly manifest. A third physician was called in, who made an examination about half an hour after the second one had ceased. He states that in his endeavors to find the os, he put his fingers through a laceration of the vagina, and felt the fundus of the uterus and parts contained in the peritoneal sac. The womb was firmly contracted, and the os so tightly closed that he could not introduce the point of his finger within it. The patient was now observed to rapidly sinking.

Stimulants were immediately given, which brought on some reaction. Peritoneal symptoms made their appearance the following day, but there was at no time sufficient inflamation present to warrant the use of antiphlogistic remedies. She died the sixth day from her confinement.

Autopsy held twenty hours after death. Some evidences of peritonitis were apparent, and a transverse laceration of the post. vaginal connection with the uterus was discovered, which communicated with the peritoneal cavity. The rent was about three fingers in breadth, (or thirty lines,) and around its edges gangrene was manifest. The uterine cavity was exposed, and attached to its posterior wall there was found the remains of the adherent placenta.

REPLY OF PROFESSOR MEIGS.

PHILADELPHIA, Dec. 3d, 1856.

DEAR SIR:

Your esteemed favor of Nov. 4th was duly received here on the 30th. After a careful perusal of the letter I feel at liberty to say, that I do not perceive anything extraordinary in the case of laceration in labor, except the circumstance that the child was expelled *per vias naturales*, instead of being driven into the peritoneal cavity. What surprises me is the fact that the rupture (three fingers' breadth) did not become greater, so as to admit the escape of the fetus into the cavity of the belly; for one would think it easier to enlarge the rent, than to dilate the vagina and expand the perineum.

Before I had read the whole first page of your letter, I conceived that you were about to describe a case of laceration, and I now suppose that the peculiar state of the pulse, etc., etc., must have been due to losses of blood, rather than to constitutional shock from the rupture. I make this remark to show how I cannot suppose the laceration to have been made subsequently to the expulsion of the fetus—and of course, my belief that the unfortunate lady ruptured the vaginal wall by her own effort. Hence no person can be blamable for the accident. It would be difficult, if not almost impossible, for any person to make such a rent with the hand, in attempts to pass the hand upwards into the womb after a placenta. The vaginal wall would, under such circumstances, yield too readily in extension, to admit of its being lacerated. I am, however, astonished to find that the fetus did not cause the laceration to increase so as to allow its

passage through it. In treating labors when I have *detected* small rents, I have always endeavored to secure the child, by adjusting the forceps to the head; secured in this way, I felt sure, not only that it could not escape into the belly, but that no uterine efforts could be so dangerous, because I could myself furnish a large moiety of the force requisite for the delivery.

As to overlooking the rent, I can well conceive that it might be overlooked. Yet it is true that the very menacing circumstances that preceded, as well as the dangerous symptoms that followed the birth might have provoked one to a careful scrutiny—for they pointed to a rupture as a probable cause of them—I do not impute blame, however. We become intensely sympathetic in such cases, and so we cannot reflect with positive calm and indifference. I have read your letter with *care*, and can see no reason why any person should be blamed.

Most of the lacerations are unavoidable, and the liability to them is sexual, not professional, except where the greatest rashness, violence and ignorance have to do with the matter.

Many a placenta has adhered so closely that no man *can* detach it; when this happens he is not called upon to do impossible things; we physicians do what we can and ought—we are guilty of mal-practice if we do more than we ought to do. I have had many cases of adhesion of the placenta, and I know very well that in some of them no person can separate the mass. The fault is in the nature of the case, and must be charged to nature, and not to the doctor, when he has done *his* duty.

I am, sir,
With much respect,
Your obdt. servt.,
CHARLES D. MEIGS.

DR. SIMMONS.

ADDENDA.

A month after the adoption of the report on the preceding case by the Sacramento Medical Society (see page 24), a protest was presented against its adoption, signed by *three* members of the organization. During this interim, strong efforts were made to procure a more respectable number of signers, but they were unable to accomplish this result, although the Society at that time numbered some *thirty* members. This document was signed by the following names: John F. Morse, James Blake and T. M. Morton; and as it merely presents the opinions of those parties, is entitled to but little notice. We also feel perfectly indifferent to their repeated assertions against the attending physician, and quite willing that they shall receive the *honor* due for this assault on a *young* practitioner. As yet we have not disgraced our calling by becoming a corrupt BANKER, or violated a plain provision in the code of medical ethics, by making an arrangement with our apothecary to filch from our patrons 20 per cent. of their prescription expenditures. We leave those to take the garb of

"morality" and "duty to profession" who have been guilty of *both* these things.

Messrs. Blake* and Morton, the remaining signers, are advertised partners. "Blake" is known as a *Scotch Adventurer,* whose "penchant" for a panglossian display of appendages to his name, has excited many a smile on the faces of those in the profession who are acquainted with his merits—we have given him the full advantage of these appendages in the following pages.

We have been favored by some of our medical friends with an array of medical and surgical cases, wherein the qualifications of the two prominent signers to this protest are made manifest. These we have reserved for future use, and for the present shall content ourselves with publishing two obstetrical cases which occurred in their practice. These will undoubtedly show the results of their *experience,* and the qualifications upon which they rest a superior knowledge of obstetrics.

The first of these cases has already been before the profession through the medium of the "Journal" of the "Author;" but as it contains some prominent points, we have decided on giving it the advantage of our circulation.

For the other case we are indebted to Dr. G. Otto, an old resident of Sacramento. Dr. O. is one of our most intelligent German practitioners, and a gentleman who had at one time a large family practice in Baltimore, where he resided some seventeen years.

From July, '56, No. Morse's "Medical Journal"—Case of Uterine Laceration, reported by John F. Morse, M. D.

"On the morning of this day I was called to see a Mrs. B——, of this city. She was suffering from the preliminary pains of a third labor, at intervals of ten, twelve and fifteen minutes. She seemed to be in perfect health, aside from the pains referred to. An investiga-

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* This is the same "Blake" who was so severely castigated in the public streets a few years ago, by Dr. Wake Bryarly, for unprofessional conduct.

tion discovered a partially dilated and dilatable os uteri. The child had not descended sufficiently to distinguish its position. I left the patient, and returned about ten o'clock. The pains about the same in frequency and severity—dilatation going on well; position of child nearly the same. Left again, and returned between twelve and one. The pains had increased both in force and frequency, but it was still impossible to distinguish the exact nature of the presentation. The membranes had been ruptured and the waters discharged during my absence. I allowed her to assume any position she desired for an ensuing hour, and ordered her a teaspoonful of medicine, containing an eighth of a grain each of tartarized antimony and morphine in solution. At the expiration of this time, considerable progress had been made in the descent of the child, and the pains seemed to be rather increasing in force and frequency; could not, however, fully decide as to the presenting part, and perceiving that there were thickened membranes and ligamentous barriers requiring time and nauseants for relaxation, I repeated the medicine as given before. During this interval she asked for some chloroform—poured a small quantity upon a handkerchief, but she complained that the odor of it was disagreeable to her, and she would not use it. The pains soon began to moderate in force, and a couple of hours elapsed before I discovered a breech presentation, with the pelvis of the fetus corresponding to the pelvis of the mother. I stated the position of matters to her husband, and desired him to call in some one to assist me. He sent immediately for several physicians, of whom Dr. Hatch was first to arrive. The Doctor examined the case, and agreed with me in respect to the presentation and general condition of the patient. The pains were regular, of moderate force and frequency, and by mutual agreement I introduced the blunt hook, and getting it fairly applied to the right groin of the fetus, I made a little traction upon it coincidently with her pains. This resulted in a much greater descent of the presenting part, and with this descent the membranous and ligamentous changes referred to were pushed forwards, so as to make delivery obviously impracticable without dividing them. Having determined that division was necessary, we examined the pulse of the patient, and found to our surprise that something seemed to be affecting it, both in frequency and loss of force. We immediately administered brandy and water, and, as a precautionary step, I crossed the street and obtained a mixture of ammonia and quinine, whilst messen-

gers were dispatched for other physicians. Drs. Houghton and Auterneight soon came, but not until she had been given large doses of the mixture, from which there seemed to be a slight reaction. The physicians having satisfied themselves that the barriers referred to should be cut asunder, and forcible delivery effected, I proceeded at once to the task, and after dividing the principal ligament, which stretched obliquely across the vaginal canal above the rectum, and which was more than twenty lines in thickness at its base, I applied again the blunt hook, and succeeded without much difficulty in bringing down the breech and body as far as the shoulders. During the time of making traction there were regular contractions of the womb, and for a few moments after the delivery of the body of the child, there seemed to be relief to the patient, but while attemping to bring down the shoulders there appeared to be entire inaction of the uterus, and before any farther progress in the delivery could be made it was clearly obvious that the woman was rapidly dying from an uncontrollable internal hemorrhage, which conjecture could only explain upon the basis of uterine laceration. The child being already dead, no farther effort was made to complete the delivery until the mother expired, which did not exceed ten minutes from the time the body was brought down.

"Fortunately, and not altogether accidentally, the position of the child secured limited privileges of an autopsy, which could not have been procured in any other way. Eighteen hours after death a post mortem was performed, which revealed the following pathological difficulties. A large quantity of blood was found within the abdominal cavity. The removal of this disclosed the womb in a relaxed condition, the right lateral and anterior portion of which seemed to present no abnormal symptom—the right fallopian tube was surrounded with a cyst which was filled with limpid serum, and attached to the end of this organ was a smaller ovoidal one, filled with the same fluid. Upon raising the uterus, so as to expose its left lateral and posterior walls, a rent was found, seven inches in length, extending from the base of the left fallopian tube down to within one inch of the os uteri. The walls of the womb, along the marginal lines of this rent, were reduced to one quarter of the ordinary thickness, softened and marked with serous and sanguineous infiltrations. Through the aperture thus formed the placenta had been forced, excepting a

small portion of it which was still adherent to the inferior and inner margin."

"The attainment of truth is always desirable; to trace effects to causes; to show the relation sustained between results manifest to the eye, or evident to the touch, and circumstances antecedent, is an object worthy of exertion, and consistent with the common instincts of an intelligent being. Nor need such an investigation assume a personal character. It should be confined solely to the merits of the case in issue, and seek to arrive at truth through the legitimate channels of fair and honorable discussion."—(*Celsus.*) In briefly reviewing a history of the above case, we are obliged to take the uncorroborated statement of the reporter. Imperfect as this is, and evidently written to smooth over some of its peculiar characteristics. It will be no difficult task to point out the grounds upon which rest the suspicions of many of our resident practitioners.

By briefly referring to some of its principal features, it will be seen that from morning till night the unnatural presentation was not discovered by the Attending Physician, although when he was first called in, the "os uteri" was partially dilated and dilatable; in fact, if the report is correct, the membranes had been ruptured, and the waters discharged some *four* hours before the attendant detected the prominent characteristics of a breech presentation. This fact is only significant as relating to that accuracy of touch, which is such a necessary adjunct of the accoucheur, and which may account for certain errors in diagnosis on the part of the same person, in a well-known case of vaginal laceration. About this time the attendant is stated to have noticed certain thickened membranes and ligamentous barriers, which, in his opinion, required time and nauseants for relaxation. (The principal ligament, as we learn by the autopsy, stretching across the canal above the rectum, being more than one and two-thirds inches in thickness at its base.) By a perusal of the above language, the reader might infer, that at this time the barriers were first discovered; but this idea is contradicted in some notes appended to the case, wherein we learn that the patient had long been under the

charge of the same party; who had unsuccessfully endeavored to relieve her of a transverse vesico vaginal fistula, etc.

The recipe is appropriately appended upon which reliance was placed to relax these broad bands, and which, if it has no other merit may at least lay claim to that of a "*placebo.*" The writer says: "I ordered her a teaspoonful of medicine, containing *one-eighth* grain each of tartarized antimony and morphine." After the discovery of a breech presentation, and without any effectual means being adopted to relax or separate the firm barriers, the attendant introduced a BLUNT HOOK, and getting it applied to the groin of the fetus, pulled upon it coincidently with the pains. How long this treatment was pursued we are not informed, but upon ceasing these attempts to forcibly pull away the child by an instrument, the attendants were *surprised* to find something seemed to be affecting the frequency and force of the pulse—upon which stimulants were given and messengers dispatched for aid. Drs. Houghton and Auternreith soon arrived, who quickly comprehended the nature of the case; and *Dr. Auternreith* ordered the immediate cutting of the barriers which had prevented delivery; but, alas! the advice came too late! A day's violent and fruitless effort of the womb had weakened its structure, the *mischief* had been wrought, and in a few minutes "the spirit of the mother took its flight."

An autopsy showed the womb to be ruptured to the extent of seven inches, or from the base of the left fallopian tube to within one inch of the os; the walls of which were reduced to one quarter of the ordinary thickness, softened, and marked with serous and sanguineous infiltration; thus exhibiting the enormous force which must have been exerted to accomplish so unfortunate a result.

One of the most instructive features of this case is the fact, that so frightful a laceration occurred in the presence of the Attendant, and at a time when he was engaged with the "BLUNT HOOK,"—and yet we are informed of no sudden outcry, cracking, or even augmentation of pain.

There can be no doubt that during the progress of the case the uterine force was fully adequate to accomplish delivery, had there not been present a firm and unyielding impediment, and that interference in the case would have been hazardous until after the breech had been expelled.

No reasons are given for the adoption of instrumental interference,

of the nature of the BLUNT HOOK, at a period when the pains were regular and of moderate force and frequency. Its use under the circumstances could only excite the uterus to greater efforts; and the force thus augmented would naturally expend itself on the weakest structure, which in this case proved to be the substance of the womb. (We have been unable to find a single precedent for its employment in such cases.) In the treatment of vaginal cicatrices which obstruct delivery, all authorities agree that certain measures should first be adopted to relax the barriers, and if these fail, the knife is the only resource. Dewees mentions many cases of the kind successfully treated by Phlebotomy, and other authorities present those treated by rational doses of nauseants, etc. One of the most prominent obstetricans remarks on this subject: "It is very seldom, even when a single and prominent band encircles the canal, that this is the only mischief which has been done. For, generally speaking, we have more or less puckering of the parieties, and not unfrequently, as I have already mentioned, communications with the adjoining viscera. The consequences of these changes is that the canal is less able to bear a forcible dilatation, and if the narrowed portion be permitted to delay the head too long, a *rupture* may occur, even if no breech of surface already exists. To avert a catastrophe, we must have recourse to the knife, if the previous remedies fail. Two, three, or more incisions should be made just through the resisting band, etc., etc."

If this treatment is essential in cases of vaginal cicatrices, where there is a head presentation, how much more important is this step, when there is a breech presentation, which is oftentimes inadequate to a proper dilatation of the parturient canal, even in a normal condition of the passages. Had the presentation been detected at the proper time, and *reasonable* efforts made to relax the barriers, and these failing, an immediate resort been had to the knife, it is fair to suppose we should not have had the mournful duty of recording or commenting upon such a calamity. It is to present this subject in its true light and to exhibit the absurdities and culpability of the treatment pursued, that we have been induced to present in connection with the case this imperfect review.

The following case may appropriately be termed—

A New Method of Delivery, by Decapitation,

As practiced by Professor James *Auk* Blake, M. D., F. R. C. S., *late* member Sacramento Medical Society, Lecturer on ——, etc., and author of a tract entitled, "Practical Observations on Quartz Veins, etc., etc., etc."*

As before remarked, we are indebted to Dr. G. Otto for a report of the case, and any comment upon it will be entirely unnecessary:

On the morning of ——, 1852, I was called to see Mrs. ——, said to be in labor. I found Dr. —— in attendance, who stated to me that she had had pains since the previous night, and that the progress was very slow. I had previously seen the woman in consultation with Dr. ——. She had been delivered of several children, then living. I found the diameters of the pelvis natural, but the os was dilating very slowly, it being at my examination no larger than half a dollar. The pains were those of the first stage of labor, and no symptoms were present to demand, in my opinion, any interference. I told the attending physician that I had often been with such cases for fifty hours, and that he need not be alarmed—I would call again toward evening, as I did not believe the os would be fully dilated before that time. Toward evening I called, and found that a Dr. Blake had been sent for, who was then sitting by the side of the patient, performing some kind of an operation. On inspection, I found he had been endeavoring to perform craniotomy; upon perceiving this, I warmly remonstrated against the necessity for thus destroying the life of the fetus, and stated that I relinquished all connection with the case; and was about to retire, when the husband of the patient begged me to stay in the room, for a time; which I agreed to do; at the same time disclaiming all participation in the proceedings. While waiting there, the head which had been perforated by Blake, began to progress under the effect of the expulsive pains which were present, and it was finally ejected; upon which, Blake *took a large knife, and severed the head at the neck from the body.* Other expulsive pains followed, and the left shoulder was born; upon which, he again took the knife, and cut off the arm at

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* We learn that Prof. Blake is at present engaged in preparing a paper on "A Case of Displacement of the Heart, caused by Vomiting."

the shoulder joint; and was about to sever the remaining upper extremity, when the attending physician remonstrated against such an outrageous proceeding, declaring that the remaining portion of the mutilated child would undoubtedly be expelled very soon; which was shortly the case.

The woman *died* a few days after.